

Form CHNG

## Report of Changes Form

The Report of Changes Form is used to advise the Arizona Department of Economic Security of any modifications to your business **STRUCTURE**. You must promptly report any changes in **OWNERSHIP, LEGAL FORM, OPERATION, PAYROLL METHOD, OR ADDRESS** of your business. Failure to do so may result in additional costs to you later.

Your completed form should be mailed or faxed to the address or fax number shown below.

**IF YOU ARE ONLY MAKING CHANGES TO THE BUSINESS'  
LEGAL ADDRESS, YOU MAY USE THE  
AUTHORIZATION TO CHANGE ADDRESS FORM, UC-517.**

Questions about completing the Report of Changes Form or how modifications to your business may affect your UI tax account should be directed to the Employer Status Unit at:

**Employer Status Unit**  
ADES – UI Tax Section – 911B  
P.O. Box 6028  
Phoenix, Arizona 85005-6028

Telephone - (602) 248-9396

FAX - (602) 650-1298

Report ANY CHANGES PROMPTLY (ownership, legal form, operation, payroll method, or address of your business) as required by Arizona Administrative Code R6-3-1703. Failure to do so could result in additional cost to you later.

FEDERAL ID NO.

**A. Change in Mailing Address**

NEW ADDRESS (PO Box No. or No., Street)	MAIL NOTICES OF UNEMPLOYMENT CLAIMS TO (PO Box No. or No., Street)
City, State, ZIP	City, State, ZIP
PHONE NO. ( )	PHONE NO. ( )

**B. Change in Business' E-mail Address**

E-MAIL ADDRESS

**C. Change in Arizona Ownership / Operation**

- ☐ All of the Arizona business was transferred to (complete Item 1 below), as of \_\_\_\_\_ (date)
- ☐ Part of the Arizona business was transferred to (complete Item 1 below), as of \_\_\_\_\_ (date)

In the portion of business transferred, did you during the current or preceding calendar year: 1) employ one or more individuals for a part of a day in at least 20 weeks, or pay \$1,500 or more in wages in a calendar quarter, OR 2) if the business is agricultural, did you employ 10 or more individuals for a part of a day in at least 20 weeks, or pay \$20,000 or more wages in a calendar quarter? ☐ Yes ☐ No

- ☐ No ownership change occurred, but payroll is paid by (complete Item 1 below), as of \_\_\_\_\_ (date)
- ☐ No ownership change occurred, but leasing employees (complete Item 1 below), as of \_\_\_\_\_ (date)
- ☐ Business was discontinued without being sold, leased or transferred, as of \_\_\_\_\_ (date)
- ☐ Business is operating in Arizona, but ceased paying wages, as of \_\_\_\_\_ (date)

NAME OF NEW OWNER, PARTNERSHIP, CORPORATION, PAYROLLER, LEASING COMPANY ITEM 1	PHONE NO. ( )
ADDRESS (PO Box No. or No., Street, City, State, ZIP)	ARIZONA EMPLOYER ACCOUNT NO.
NAME OF BUSINESS YOU RETAINED ITEM 2	PHONE NO. ( )
ADDRESS (PO Box No. or No., Street, City, State, ZIP)	

**D.**

SIGNATURE AND TITLE OF OWNER, PARTNER, CORPORATE OFFICER OR AGENT	DATE
MAILING OR FORWARDING ADDRESS (PO Box No. or No., Street, City, State, ZIP)	PHONE NO. ( )

**FOR AGENCY USE ONLY**

<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> INACTIVE	COMMENTS _____ _____ _____
<input type="checkbox"/> MERGE INTO _____	<input type="checkbox"/> SUSPEND	
<input type="checkbox"/> TRANSFER TO _____	<input type="checkbox"/> ESTABLISHED IN ERROR	
<input type="checkbox"/> REVISE CLOSE CODE _____	<input type="checkbox"/> TERMINATE	
<input type="checkbox"/> CLOSE DATE _____		

INITIAL

DATE

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: UI Tax office.

Bajo la Ley Estadounidenses con Incapacidades, el Departamento tiene que hacer arreglos razonables para permitir a una persona con alguna incapacidad participar en un programa, servicio o actividad. Esto significa, por ejemplo, que si es necesario el Departamento habrá de proporcionar intérpretes de lenguaje en señas para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes. También significa que el Departamento tomará cualquier otra medida razonable que le permita a usted entender y participar en un programa o una actividad, incluso efectuar cambios razonables en la actividad. Si usted cree que su incapacidad le impedirá entender o participar en un programa o actividad, por favor infórmenos lo antes posible qué necesita para acomodar su incapacidad. Para obtener este documento en otro formato, comuníquese con: oficina de UI TAX.